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PSI/CENTRAL ASIA

Injecting Drug Users in Bishkek, Kyrgyzstan and Tashkent, Uzbekistan: Injecting Histories, Risky Practices, and Barriers to Adopting Behaviors Less Likely to Transmit HIV

Findings, Programmatic Recommendations and Issues to Explore in Subsequent Research

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Qualitative analysis was then performed by an external consultant Nga Nguyen using the text based software ATLAS.ti. This report was prepared by the consultant with assistance from Dr. Kim Longfield (PSI/Senior Researcher for South East Asia and Central Asia Region), Arman Dairov, and Rob Gray (PSI/Central Asia Deputy Regional Representative).

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Executive Summary

Objectives

The purpose of this study with IDUs in Uzbekistan and Kyrgyzstan was to conduct formative research to obtain actionable insight into injecting behaviors of IDUs. Dyad/triad interviews (interviews with either two or three IDUs and one interviewer) were conducted with IDUs to obtain personal drug use histories, explore specific factors influencing initiation into injecting drug use, reveal key motivations for sharing needles and other injecting equipment, identify IDUs attitudes regarding access to injecting equipment, and determine key barriers to adopting safer injecting practices. The results from this study should provide greater understanding of the role that access or lack of access to injecting equipment plays in facilitating HIV high risk behaviors among IDUs. It will also be used to inform current and future initiatives including design of peer-to-peer interventions with IDUs to motivate adoption of safer injecting practices, and development of peer-to-peer interventions to motivate IDUs not to assist non-IDUs to begin injecting drugs.

Methods

For this study thirty two dyads/triads interviews were conducted with 69 participants from three districts in Bishkek and four districts in Tashkent. Informants were between the ages of 18 and 32 and were recruited using snowball sampling: other selection criteria included whether or not IDUs were linked to services and the length of their injecting experience. Interview discussions covered practices of early (non-injecting) drug use, initiation into injecting, initiating other people into injecting, injecting behavior, access to injecting equipment, and barriers to adopting behaviors less likely to transmit HIV. Data were analyzed using ATLAS.ti software by external consultant Nga Nguyen.

Findings

Initiation into injecting: Social norms of group experimentation with drugs, curiosity, and the desire to experience new sensations - rather than family problems or peer pressure from IDUs - were the primary reasons cited for initiating injecting. In fact, rather than IDUs pressuring youth to begin injecting, the study found that IDUs themselves face pressure from non-injecting friends and acquaintances to show them how to inject. Insufficient knowledge of heroin's addictive properties, significant disposable income, wide availability of drugs, a desire to emulate film stars, and the perception that injecting heroin is cool also motivated IDUs to initiate injecting. Most informants inject rather than smoke or snort heroin because it is a more efficient method of ingestion and requires a smaller dose compared to other methods. Female IDUs are more likely than male IDUs to initiate injecting to cope with pressures associated with childcare, their partners' addictions, or death of a parent. Some informants became addicted after injecting heroin to treat pain associated with illness. Most of the interviewed IDUs made the decision to inject on their own but some were convinced by older friends. IDUs generally initiate injecting with friends though sometimes initiate alone. Location of initiation into injecting does not appear to be important to IDUs, because many of the initiations into injecting seemed spontaneous and no one mentioned planning a time with friends where they would try to inject heroin for the first time.

Initiating others into injecting: Some IDUs adamantly denied initiating new injectors, saying that they feared committing the "sin" of causing someone to become addicted to drugs. Some IDUs, however, admitted that they would initiate someone, especially if they were experiencing withdrawal symptoms, because, in that case, they would receive a portion of the purchased drug

from the new injector as payment for helping to inject. Some IDUs referred to an "unwritten rule," apparently most common among older IDUs, against initiating non-injectors into injecting drugs. Some IDUs said that this custom, however, is no longer commonly adhered to, and that younger injectors may be less inhibited by such ethical issues and, thus, may be more likely to initiate new injectors.

Injecting practices: The primary difference in injecting practices between experienced injectors and new injectors is the size of their social networks. New injectors inject in large social groups while most experienced IDUs report injecting with small groups of trusted friends or injecting alone. The main difference between male and female IDUs injecting practice is location ─ with male IDUs preferring locations that are convenient and females preferring their homes for reasons of safety and anonymity.

Access to injecting equipment: Most of interviewed IDUs list drug stores and pharmacies as primary outlets for procuring needles. IDUs linked to services also obtained sterile injecting equipment from needle exchange programs. IDUs also list drug dealers and shooting galleries as another source for needles.

Motivations for sharing injecting equipment and key barriers to adopting safer injecting behavior to reduce HIV infection risk: Needle sharing occurs frequently among IDUs interviewed. Primary reasons cited for sharing include: overwhelming withdrawal symptoms leading to unwillingness to delay injecting even in the absence of sterile equipment; insufficient funds to buy new needles; and for some IDUs, sharing equipment because they trust that friends are not infected with HIV. IDUs describe a payment system in which one injector must share part of his/her drug dose if another injector assists him/her with the injection. This provides injectors who are unable to afford their own drugs with incentive to share needles with others. Sharing may occur during initiation into injecting when new initiates must rely on experienced injectors to inject them, often with the same needle. There is also evidence of needle sharing between sexual partners. Although sharing equipment is common, most IDUs do not feel that sharing equipment other than syringes and needles (i.e. cotton, bowls, spoons and water) poses a risk for spreading disease. IDUs linked to services have greater access to new injecting equipment and may face fewer barriers to adopting behaviors to reduce HIV.

Program recommendations: In developing programs for IDUs, PSI/Central Asia could consider:

- Increasing access to clean injecting equipment through voucher programs at pharmacies;
- Improving outreach worker and police relations to reduce police targeting of pharmacies which sell needles;
- Branding pharmacies as safe and affordable outlets for obtaining sterile injecting equipment;
- Encouraging IDUs to prepare injecting equipment prior to obtaining drugs;
- Improving access to sterile injecting equipment at shooting galleries;
- Improving existing HIV prevention services;
- Increasing IDU awareness of the dangers of sharing equipment including the risk for hepatitis infections;
- Expanding in-school programs to provide youth with accurate information on consequences and risk of injecting heroin;
- Developing IDU critical thinking skills to respond to situations where drugs are offered;

- Equipping IDUs with the ability to refuse requests from non-injectors to show them how to inject;
- Developing programs to empower women to decline injecting drug use from their spouses/partners;
- Creating counseling and education programs for families to help IDUs reintegrate into their community;
- Developing behavior change communications programs to address key IDU knowledge gaps about the risk of sharing injecting equipment, including cotton, bowls, spoons and water; increasing youth risk perception regarding experimentation with drugs, especially injecting drugs, and challenging notions that injecting drugs is cool, addressing youth notions that injecting substances is an acceptable way to satisfy curiosity regarding drugs;
- Increasing youth awareness of the heavily addictive nature of heroin;
- Encouraging drug prevention and drug demand reduction programs to accurately target their interventions towards the highest risk drugs and drug behaviors, especially heroin and injecting;
- Encouraging drug prevention and drug demand reduction programs to target their interventions towards youth at or immediately before the age of initiation to injecting (in the case of this study average age of initiation was around 19 years old for males and 21.5 years old for females);
- Advocating for more humane treatment of IDUs, assisting their uptake into HIV prevention, drug treatment, and VCT programs.

Areas for subsequent research: Further qualitative research is needed with IDUs, particularly new injectors, to understand factors influencing their decision to initiate injecting and their attitudes and beliefs concerning initiating non-injectors into injecting. Subsequent quantitative research studies should explore group norms around experimentation with heroin, the problem of police and targeted pharmacies, the belief that known injecting partners can be trusted to be free from HIV, attitudes about "hassle" of procuring new needles, knowledge about the risk of sharing equipment, external site of control in an individual's life due to addiction, and the inability to procure new needles when dope sick.

Part I. Introduction

In the Central Asian republics of Kazakhstan, Uzbekistan, Tajikistan and Kyrgyzstan, Population Services International (PSI) program activities focus on the prevention of HIV/AIDS and sexually transmitted infections (STIs) through three core programs. The first is the USAID-funded Drug Demand Reduction Program (DDRP) in Uzbekistan, Tajikistan, and the Ferghana Valley Region of Kyrgyzstan, implemented by a consortium of NGOs led by the Alliance for Open Society International. Under this program PSI focuses on preventing high risk youth from initiating injecting drug use, with activities including establishing a network of youth centers in high risk drug neighborhoods along the key drug trafficking routes that run through Central Asia and provision of peer education, counseling, and other services to youth at high risk of beginning to use heroin in those neighborhoods. Second is the USAID-funded Capacity Program (Central Asian Program on AIDS Control and Intervention Targeting Youth and Vulnerable Groups), also implemented by a consortium of NGOs and led by John Snow Inc., with a focus on HIV prevention among high risk groups, especially IDUs, Commercial Sex Workers (CSWs) and high risk youth. Activities include HIV education, outreach, social marketing of condoms, and capacity building of organizations involved in HIV prevention. Finally, the USAID-funded Ebb Tide Program (Evidence Based Behavior Change Targeting Injecting Drug Users) is a program implemented in Kyrgyzstan designed to improve the quality of behavior change communications targeting IDUs and to increase the coverage of IDUs with HIV prevention interventions.

As part of the DDRP, PSI is piloting an intervention called Break the Cycle (BTC). The BTC program encourages current IDUs to avoid helping non-IDUs initiate drug injecting. Formative qualitative research was conducted in order to understand the role that IDUs play in initiating non-IDUs into injecting drug use, as well as to better understand the HIV high risk behaviors of IDUs. The dyad/triad method was used to assess key high risk injecting behaviors and barriers to changing those behaviors among IDUs. More specifically, the information obtained from this research study will be used to:

1. Create a profile of individuals who are at risk of initiating injecting drug use;
2. Understand the patterns involved in initiation of drug injecting;
3. Improve local capacity to implement effective HIV/AIDS prevention services targeting IDUs, especially outreach activities designed to change behaviors among IDUs;
4. Increase informed demand among IDUs to adopt safer behavior that reduces risk of HIV/AIDS infection;
5. Inform baseline questionnaire development for subsequent quantitative research with IDUs.

The findings will be used to guide programming and inform development of a tracking survey among IDUs to be used in PSI/Central Asia's surveillance activities for monitoring achievement towards its objectives of promoting positive behavior change, reducing risk among target populations, and measuring the impact of interventions on target populations. Based on results of this formative research scaled questions will be developed as a PSI monitoring tool.

Part II. Research Design and Methodology

Goal

The purpose of this study is to conduct formative research with IDUs in two sites in Uzbekistan and Kyrgyzstan in order to obtain actionable insight into injecting behaviors of IDUs, patterns of initiation into injecting drugs, and barriers to adopting injecting behaviors less likely to transmit HIV.

Objectives

The specific objectives for the dyad/triad study with IDUs are to:

1. Obtain personal drug use histories, particularly regarding initiation into injecting;
2. Identify specific factors, environments or relationships that influence initiation into injecting drug use;
3. Identify key motivations for sharing needles and other injecting equipment;
4. Identify IDUs' attitudes regarding access to needles and syringes (including product availability and price);
5. Identify key barriers to adopting safer injecting practices.

Results from the dyad/triad study will increase understanding of initiation into injecting drug use and high risk injecting practices of IDUs, and will be used to inform behavior change communications and outreach activities. In particular, the data will be used to:

1. Design peer-to-peer interventions with IDUs to motivate adoption of safer injecting practices (for use in the Ebb Tide program);
2. Understand the role that access or lack of access to injecting equipment plays in facilitating HIV high risk behaviors among IDUs;
3. Design peer-to-peer interventions to motivate IDUs not to assist non IDUs into drug injecting (for the BTC program).

Methodology

Interviews with pairs of informants (dyads) or three informants (triads) were used to obtain information on participants' experiences, perceptions, attitudes, and beliefs. Moderators from Tashkent and Bishkek were selected to lead the dyad/triad interviews after receiving training on motivational interviewing and dyad/triad methodology. All moderators had experience working with IDUs, and some were past drug users themselves. The study sites included three districts in Bishkek and four districts in Tashkent.

Dyad/triads interviews were conducted from April to June, 2005 and informants were recruited using snowball sampling. A total of thirty two interviews were conducted with a total of 69 participants, all of whom were between the ages of 18 and 32. In Bishkek, sixteen formal dyads/triads were conducted: 8 dyads/triads with females and 8 dyads/triads with males. In Tashkent, fifteen formal dyads/triads were conducted: 8 dyads/triads with males, 7 dyads/triads with females and one informal interview with a single female. Other selection criteria included:

1) IDUs linked to services (i.e. have regular contact with health services such as needle exchange programs, drug rehabilitation centers or social rehabilitation centers) or not linked to services; and 2) injecting experience defined as injected drugs more than 1 year (experienced IDU), or injected drugs less than 1 year (non-experienced IDU).

Interviews were conducted in Russian and audio-recorded. Later, they were transcribed into Russian and translated into English. The translated transcripts were coded and analyzed by a consultant using ATLAS.ti. For more detailed descriptions of the research methodology and limitations of the data, please refer to Appendix 1.

Part III. Qualitative Research

A. Psychographic[1] Profile of a Male IDU: "I have to appear tough, cool and adventurous"

Before initiation into injecting drugs, most male informants in this study were completing secondary school, enrolled in college or had already graduated from university. In general, those still in school participated in sports, had a wide circle of friends, enjoyed an active social life and had good relations with their families. Almost all came from middle to upper class families. The majority of male informants who had finished school were gainfully employed or owned their own businesses, and several had traveled abroad. As a result of working or having wealthy families, many male IDUs had sufficient disposable income to procure drugs.

While in school, most male IDUs in this study experimented with substances like alcohol and marijuana. A few male informants mentioned taking sedatives such as Diazepam. After experimenting with alcohol and marijuana, the majority of male informants switched to smoking either *hanka*[2] and/or opium, eventually replacing *hanka* and opium with injecting heroin. Pressure to comply with group norms of experimentation with drugs and alcohol in social settings was mentioned by both male and female informants but appeared more significant for males. When asked about their motivation to switch to injecting, the most common reason given was curiosity and the search for new sensations. Many wanted to seem cool, tough and adventurous to their friends and peers. As they progressively became more addicted to heroin, many male IDUs reported shrinking social networks with disapproving family members, and the loss of non-injecting friends and, sometimes, spouses. At the time of the dyads/triads, many male informants socialized exclusively with other close injecting friends. Of the informants who provided their ages, the average age of initiation of injection for males was 19 in Bishkek and 19.5 in Tashkent.

B. Typical Male Scenario

As his friend honked for him to join them, Vlad turned to check his appearance one last time. His reflection was of a tall, well-dressed, athletic young man in his early twenties. Vlad knew he had

1 Psychographics is a system for measuring informants' attitudes, beliefs, opinions and interests. It is like demographics but instead of counting age, gender, race, etc., it accounts for psychological characteristics (motivations behind risk taking behavior, personality traits, etc.).

2 Hanka is jelly-like raw opium of brown color. It can be injected, smoked or mixed in drinks or food.

nothing to worry about, his money and wit always assured him friends. But he still felt excited knowing he was going to get an extra boost of energy and confidence tonight. Once inside his friend's car, Vlad found that he wasn't the only one anticipating the arrival of their friend, "Kaif," (euphoria) who had become so portable and easy to access. Igor eagerly showed Vlad that he was able to obtain more than the usual amount of heroin, giving each one of the three friends enough to sniff.

When Vlad asked if they had any foil for sniffing, Igor replied, "Why would we want to waste it? Injecting is the fastest way to find "Kaif" and we'll still have some for next time."

Vlad knew Igor was right, but Vlad had always smoked. Needles made Vlad queasy but he couldn't seem weak and wasteful in front of his friends. Igor was the most senior of the three friends and had experience with injecting so he took the lead. Igor took out his only syringe and needle, quickly dissolved the heroin in the syringe with bottled water and injected himself first. Igor sighed with relief and reached over for Vlad's arm. Although Vlad could not bear to look, he soon felt the immediate rush through his body. "Igor was right," Vlad thought to himself, "this is the best way to find our 'kaif'". Tomorrow, Vlad would go back to being his normal nice self, but tonight he would be the cool, unstoppable life of the party.

C. Psychographic Profile of Female IDU: "I can be easily influenced by those around me"

The majority of female informants reported the same family, social and economic conditions as male informants, namely supportive families, sound academic performance and an active social life. Most female informants also came from middle to upper class families. As with male informants, curiosity and the search for new experiences also lead females to try injecting heroin. Similar to their male counterparts, many female IDUs in this study reported limited social networks, restricted mainly to close friends, many of whom also injected heroin. This was particularly true for females who had been injecting for more than 5 years, many of whom preferred to inject alone at home. Both male and female IDUs switched from marijuana to heroin not realizing the addictive properties of heroin.

There were differences, however, between the two groups. More female IDUs interviewed recalled initiating drugs under the influence of a close friend, boyfriend or husband who was already using heroin. Almost every married female informant began injecting because of her husband's addiction to heroin except one IDU who agreed to inject heroin to alleviate pain inflicted by her husband's physical abuse. Before injecting heroin, most female IDUs had previous experience with other drugs; however, one female IDU went directly to injecting heroin after the death of a parent. While no male IDUs reported abuse, a few females cited abusive husbands or other family members as a reason for starting to use heroin, particularly if the family member was also addicted to alcohol or drugs. Several females faced the extra burden of caring for children, a responsibility male IDUs in this group did not mention. One female IDU became addicted to drugs after resorting to sex work to support her children and niece while her husband was in prison. Of the informants who provided their ages, the average age of initiation of injection for females was 21.5 for both cities.

The following quote illustrates the significant influence of other people on female IDUs in this study.

It was my boyfriend, my friends, people that were around me; they were addicted to drugs. At first, I did not have anything in common with people like that, but later, we started sharing common interests and were shooting up together. ***(Female-Tashkent (F-T), not linked to services, experienced IDU)***

D. Typical Female Scenario

Sasha opened the door to her apartment to find the usual group of people lounging in her living room. Her husband, Erkin, was arguing with a guy over debts and payments. A needle and bottle of water lay at Erkin's feet. Sasha sighed to herself as she switched the baby from one hip to the other. The baby seemed extra heavy today or perhaps it was from the weight she was feeling knowing that she was going to have to bear the brunt of Erkin's temper again tonight. Although she knew she benefited from the money of the drug sales, she was tired of the traffic of people going in and out of her house and having to manage the baby and the apartment by herself. Sometimes, she wondered if she would have been better off raising the baby herself rather than marrying Erkin only because he was the father. After putting the baby down for a nap, Sasha returned to the living room to find everyone had left and she was alone with Erkin.

"I don't want to hear it, Sasha, I just want some quiet time to enjoy my kaif," Erkin began.

"What is it that makes you so hooked on that stuff that you have to surround yourself with it night and day?" asked Sasha.

Erkin lunged forward at Sasha but stopped in midair. "Here, why don't you try it for yourself and stop asking me all these stupid questions? See for yourself, you'll know soon. Come on…I'll even heat it up for you."

Sasha resigned herself to trying a bit of this white "magic" as Erkin called it. It was either doing as Erkin asked or avoiding his blows. Feeling as if she had chosen the lesser of two evils, Sasha closed her eyes and held out her arm to receive Erkin's needle.

E. Findings

1. Initiation into Injecting

Reasons for initiating injecting

Summary: Why IDUs started injecting heroin

There are several key factors which appear to influence initiation of injecting. While the majority of IDUs interviewed in this research study come from relatively wealthy, stable and supportive families, social norms of group experimentation with drugs and alcohol exert considerable influence on informants to initiate injecting. Some IDUs are more willing to initiate injecting after witnessing their friends enjoy heroin without suffering from addiction or overdose. This "modeling" of injecting appears to be an important first step in reducing non-injectors' anxiety about injecting drugs. The majority of informants cite curiosity and the desire to experience new

sensations, rather than peer pressure from existing IDUs, as the prime motivation for initiating injecting. In fact, some IDUs face pressure from non-injecting friends to show them how to inject. Some IDUs initiate injecting without realizing they could become addicted to heroin. Most informants moved from smoking or snorting heroin to injecting as they became more addicted because injecting produces a better high and is more economical.

Excess disposable income and wide availability of drugs enabled easy access to heroin for IDUs in this study. Other factors that appear to contribute to initiating injecting include a desire to emulate movie stars and that injecting heroin is considered trendy and fashionable within some social groups. A few informants said they became addicted to injecting heroin after drug dealers lured them into the practice with free samples. While male informants in this research study were most likely to cite experimentation, curiosity and access to heroin as reasons for initiating injecting, female informants were more likely to initiate injecting to cope with pressures associated with childcare, their partners' addictions or the death of a parent. A few informants reported developing an addiction after injecting morphine or heroin to treat pain associated with illness.

Family circumstances

Contrary to expectations, the majority of IDUs in this research study come from supportive and stable families. Most informants recall getting along with their families and very few informants mentioned pressure from parents or strained relations as the primary reason for initiating injecting. Some informants, however, reported strained family relations and stress related to childcare as reasons for their decision to initiate injecting heroin. Three informants cited grief over the death of a parent as the cause of initiation into injecting.

> *The relationship was great you could say. My parents were happy for me that I finished my studies (high school), completed college and then started work. They saw that I really liked work and they hoped that I would start a business in the future. They treated me very well. There were no arguments as such until I started to use (heroin).* ***(Male-Tashkent (M-T), not linked to services, experienced IDU)***

There were, however, a few female informants and one male informant who did not have good relations with their families, often because one parent was addicted to alcohol or drugs. For these informants, family problems influenced their decision to inject heroin.

> *My dad was a drug addict, so I grew up in a broken family and everything was happening right in front of me. I did not know that after watching my dad inject, I would start shooting up. There was a period in my life when I tried everything: cigarettes, alcohol, and pot. When I shot up for the first time I felt relieved.* ***(Male-Bishkek (M-B), linked to services, non-experienced IDU)***

The burden of caring for family members was not mentioned by any male informants, but was a factor leading some female informants to inject. Among married female IDUs, taking care of children in addition to handling their husbands' addictions often proved too much and lead them to heroin use, and eventually, injecting.

> *It could have been stress I think. I don't know, maybe because of a lack of money…I did not have enough money for my three children. Two of them were my own and one was my little brother's (child). My husband was in prison at that time. I had to provide for them, give them*

food and clothes, I had to sell stuff (possessions) from our home. ***(F-T, linked to services, experienced IDU)***

Out of grief over the death of their parents, two female informants injected morphine used for treating their parents' illnesses. In a third case, the informant asked her friend to buy her a dose of opium and injected it the night of her mother's death. After experimenting with opium, she later switched to injecting heroin.

On the day of her death I've started using drugs (opium). My mother was the dearest person to me and I was brought up without a father. When I lost my mother I decided to try drugs, it (mother's death) pushed me into it. ***(F-T, linked to services, experienced IDU)***

Social norms: Drug experimentation within groups

In describing life before injecting, many informants reported frequently spending time with close friends in small groups, gathering at a friend's apartment, or in public parks or at parties. It is often in these groups that people are introduced to and experiment with new forms of drugs. These groups tend to form during adolescence and early adulthood.

We used to have a gathering place in a summerhouse and all the young people used to go there. Every young person had his first experiences in the group, some try alcohol, some try drugs. I also tried drugs in my group of friends. ***(F-T, linked to services, experienced IDU)***

The role of modeling in initiation into injecting drug use

A few IDUs mentioned wanting to initiate injecting after socializing with friends who injected heroin. Some informants became comfortable with injecting and were more willing to experiment with injecting after witnessing friends derive intense pleasure from injecting heroin without dying from engaging in this high risk behavior.

The first time I sniffed it [heroin], I had friends who were already injecting. It was all happening in front of me so I had some kind of impression, some kind of idea about it. ***(M-T, not linked to services, experienced IDU)***

I was also in a circle of friends who had started doing it (injecting heroin) and I wanted to try. Though they warned me about how it could end I was somehow self-assured that I could stop at any moment. ***(M-T, not linked to services, experienced IDU)***

This quotation also reveals a low level of awareness regarding the highly addictive nature of heroin. Many youth in this region seem to believe that experimenting with heroin is not risky because, through willpower, they will be able to resist addiction.

Curiosity and seeking new sensations

Curiosity and the desire to experience new sensations were the two most common reasons IDUs cited for why they began injecting heroin. One informant's mother gave her a book to encourage her to stop smoking, but it had the opposite effect – making her more curious about experimenting with drugs.

It was curiosity and circumstances. Materially (i.e. financially) it was easy. Emotionally I wanted [to experience] some new sensations. At that time I had a good job and earned good money. And the drugs were more accessible and cheaper then. With my salary I could afford a month's worth of doses of poppy straw or opium. ***(M-T, linked to services, experienced IDU)***

*I experienced an energy boost and would want to do something [after injecting]. Everything seemed so easy to do. I liked it [heroin]. You don't get tired and you don't feel pain. (****F-B, linked to services, non-experienced IDU****)*

When I started smoking pot, my mum, in order to make me stop smoking, bought a book about Hollywood stars and their addiction problems. I got really curious and wondered, "What is that stuff that even they cannot give it up?" ***(F-T, not linked to services, experienced IDU)***

Peer pressure from non-injecting friends

Peer pressure from IDUs was only rarely mentioned by informants as a factor in their decision to begin injecting. On the contrary, many informants reported pressuring IDUs into showing them how to inject. This finding is consistent with previous PSI research conducted among at-risk youth in four countries in Central Asia in 2004.[3]

*"Let me try it too. You are getting high and I want to try that too, I want to know what it feels like." First they said no, but after I asked about 3 or 4 times, they finally gave in****. (F-T, not linked to services, experienced IDU)***

Knowledge: Poor understanding of the addictive nature of heroin

Several informants in this study began injecting without realizing the addictive properties of heroin. Having experimented with marijuana without becoming physically addicted, a few informants were surprised to find themselves facing withdrawal symptoms soon after trying heroin. The lack of physical addiction from using marijuana created a false sense of security with drug use, leading some informants to believe that they would not become addicted to heroin.

All of us smoked it (heroin)…we thought it was like marijuana. You just smoke and there wouldn't be any withdrawal. We smoked for a week until it was all gone and the withdrawal started. ***(M-T, linked to services, experienced IDU)***

Unfortunately, inaccurate information about marijuana's addictive properties often reduced informants' fears of addiction to heroin. In discovering that marijuana was not physically addictive, the following informant experimented with heroin, disregarding information she had been given about its addictive properties.

In 9th grade, I was told that if you tried pot, you would get addicted to it for life. But because that did not happen, I tried other drugs because what I was told (about marijuana) was not

3 "Knowledge, Attitudes and Practices of At-Risk Youth Relating to Intravenous Drug Use and Sexual Behavior in Four Countries in Central Asia," PSI/Central Asia, December 2004.

true. When I tried heroin for the first time, I thought I would be able to easily give it up. Unfortunately it was not the case. ***(F-B, linked to services, experienced IDU)***

These informants seem to have suffered as a result of a lack of accurate information regarding the differential addictive nature of marijuana, heroin, and other drugs. Anti-drug campaigns often present inaccurate information about the addictive nature of "drugs" in general, in an attempt to dissuade youth from using all drugs. As seen here, however, when youth discover that one drug is not as addictive as they had thought, there is a risk that they will feel more comfortable experimenting with drugs like heroin, which have very strong addictive properties.

Injecting to obtain a stronger high and to reduce costs

Many informants reluctantly resorted to injecting as their need for larger doses increased. Injecting is more economical because it requires less of the drug to achieve the same high. As smoking or sniffing heroin becomes too costly, transition to injecting is the natural step. In addition to this economic pressure to switch to injecting, the promised stronger rush from injecting proved too tempting for many IDUs.

My friends [said] that we didn't need to waste so much drugs. "You can shoot up and use only one gram at a time. For shooting up, one gram is enough for 2-3 days." So I tried it…and then I felt that wave. I liked it even more than smoking and sniffing. It was giving a better high and was cheaper. ***(M-B, linked to services, non-experienced IDU)***

I started injecting when sniffing didn't have the same effect any more. Before that, I didn't know how to do it. At some point, I met a person who knew and showed me how to do it. Since that time I've been always injecting because [the drug] lasts longer that way. ***(M-T, not linked to services, experienced IDU)***

Shooting up is the last stage of addiction, when a drug addict can't get enough of a drug. At the beginning, everyone starts with sniffing or smoking. I know many drug addicts and all of them started up with smoking or sniffing, nobody starts shooting up from the start. ***(F-T, not linked to services, experienced IDU)***

Disposable income

The majority of informants in this study come from middle to upper class families. Some have parents who work overseas or have private businesses. Other informants have well paying jobs or run their own businesses. As a result, many have significant disposable income to spend on drugs. Some IDUs report their families paying off police to help them avoid going to jail when caught with drugs. In addition, some families continue to financially support the IDUs while they are in prison.

I used to sniff once a week. Because I had money and could afford it, I was adding more and more with each time. Finally, I hit the point when I started using drugs everyday. My circle of friends consisted of rich people…they always had money. ***(M-B, linked to services, non-experienced IDU)***

…too much money appeared in my pocket. I just didn't know what to spend it on. Simply speaking, I was a spoiled brat. ***(M-T, linked to services, experienced IDU)***

Availability: Easy access to drugs

Another risk factor for some informants is the ready availability of heroin in the communities where they lived. While many IDUs interviewed mentioned the declining quality of heroin, none mentioned difficulty in accessing heroin.

> *[I had] no financial problems…easy access [to heroin]. At that time it was like shopping, you just go and buy it [heroin]. You could buy it sitting at home if you had the money.* ***(M-T, not linked to services, experienced IDU)***

> *…around 1996 or 1997 hanka practically disappeared and heroin appeared everywhere.* ***(M-T, linked to services, experienced IDU)***

Attitude: Desire to emulate movie stars

Interestingly, several IDUs mentioned seeing films showing injecting drug use or hearing about Hollywood stars using drugs like heroin as a catalyst for their interest in injecting.

> *At that time I thought nobody would say it [injecting heroin] was bad or it was harmful …everyone was saying that it was cool and good. I heard that Hollywood stars used heroin so I really believed that using drugs was exciting. One can even say I was trying to persuade my friends to try it for themselves.* ***(M-B, not linked to services, non-experienced IDU)***

Attitude: Injecting heroin is fashionable and cool

When asked why they thought other IDUs started to use heroin, several experienced injectors (both of whom have injected for over 10 years) said that youth desire heroin because it is fashionable and prestigious.

> *They wanted to try it out. It was kind fashionable. Heroin was brought into this country in 1998 and since then it has been in fashion. All young people went kind of crazy. They all want to keep up with others.* ***(F-T, linked to services, experienced IDU)***

Many informants, particularly males, thought injecting heroin would make them appear cool and help them to be accepted by peers.

> *At the beginning it [injecting heroin] is considered to be really cool. You look down on others and call them Mama's boys because you are not like them - you are cool.* ***(M-B, linked to services, non-experienced IDU)***

Drug dealers promote heroin use

Several informants recalled becoming addicted after trying heroin provided by drug dealers who were intent on getting more people hooked.

> *When I started going there [i.e. to the shooting gallery], I found out that my classmate's mother was a drug dealer. I remember going to my girlfriend's [place] and on my way there I would buy heroin. When I did not turn up or I simply had no money, my classmate, the son of that drug dealer, would find me and say, "Hey, my mom really likes you. She sends you this present as a sample." And I was a real naive fool. I accepted it and was even grateful to*

them. They used to lend me drugs knowing that I would pay later. When they saw that I was ready [addicted], they stopped being nice to me and did not lend drugs to me anymore. I was not the only one who experienced this. Almost all of my friends went through these stages [being lured by dealers]. ***(M-B, linked to services, experienced IDU)***

Influence of female informants' partners

Female informants in this study often attributed their addiction to heroin to their sexual partner's heroin habit. Many female informants agreed to inject out of curiosity, while others tried injecting in an attempt to understand their partners' addiction. One informant initiated injecting in hopes that her husband would be shamed into quitting after seeing her become ill from injecting heroin.

My family was normal. But when I got married, my husband started using drugs and he also taught me how to use them too. I was really against drugs but I decided to try it anyway because I wanted to understand why my husband could not give it up. I was fighting the habit [addiction] but those problems turned out to be stronger than me.
(F-T, linked to services, experienced IDU)

My boyfriend was a drug addict and that is why I had seen it all. While watching [him inject] I got curious about drugs and I wanted to try it too. ***(F-T, linked to services, experienced IDU)***

[After trying heroin] I got really ill. I was sick and vomiting. I hoped that by seeing me, he would be ashamed of it and he would stop using drugs. I thought it would make him give up drugs. ***(F-B, not linked to services, experienced IDU)***

Injecting to relieve pain from illnesses

For some informants, addiction began after their spouse or friends convinced them to use opium or heroin to relieve pain related to various illnesses, ranging from tuberculosis in the most severe case to the flu in the mildest case. One informant's husband became addicted after being given heroin when sick. In the statement below, the first informant was given heroin by her boyfriend after the failure of hospital treatments for bronchitis. Although heroin is not approved for prescription in the formal health system, heroin's relatively cheap price combined with an inadequate health care systems in Central Asia sometimes results in heroin being used as a pain killer.

Informant 1: "I was in the hospital with bronchitis but the treatment was not working. My boyfriend at that time was already addicted to opium and said it could help. In the evening they came and gave me 5 points [5 ml of heroin]. I got such a light feeling. It felt good and my pain was gone."

Informant 2: "I forgot to mention that my husband had a stomach ulcer and he was given [heroin] as an anesthetic, but later he got addicted to it." ***(F-B, linked to services, experienced IDU)***

The decision making process

Summary: who makes the decision to inject

For most IDUs in this study, the decision to inject was purely their own; in fact their friends often discouraged them from initiating injecting. For only a small minority, friends already experienced in injecting convinced them to try injecting. One female informant was given drugs by her husband's friends who thought it would relieve the pain from her husband's abuse.

The first injection is most often voluntary

The majority of IDUs interviewed decided themselves to initiate injecting. Although many were in the presence of others taking drugs, they admitted that it was their own initiative, not peer pressure, which motivated them to inject. After being exposed to injecting heroin by their sex partners, some female informants decided to try injecting.

> *Well, usually I was asked by those who could not inject themselves. I think they (other IDUs) were driven by their curiosity. But in general I was asked by those guys who had never tried it before. But if someone asked me for help, I injected them because I gained [drugs] from it.* ***(M-B, linked to service, non-experienced IDU)***

Some IDUs had friends or sexual partners who discouraged them from injecting. However, the urge to try injecting was strong.

> *On the contrary, they did not want me to try it [injecting]. They tried to talk me out of it. They used to say, "Come on, don't try it, you will get hooked." They say that in the old days a person was held responsible if he hooked someone on drugs.* ***(F-T, not linked to services, experienced IDU)***

> *He did it [injected] himself, I just watched. So I told him, "Shoot me up too, I want to try it". And he [her husband] said, "You will not regret it?" And I said, "No, come on, do it." He said, "Well, you had better watch out." So he gave me an injection and I watched him. This is how it went for the first time with me.* ***(F-T, linked to services, experienced IDU)***

IDUs persuading friends to inject

There were, however, some IDUs who were persuaded by their friends to initiate injecting. In most instances, the informant was receptive to the idea. Many informants mentioned that they had to share their dose if their friends bought their dose for them or assisted in injecting them. This was most likely to happen during an IDU's initiation into injecting.

> *"Well, it was his idea. I was very far from it at that time. It was his idea and he also brought the drugs."* ***(M-T, linked to services, experienced IDU)***

In one case, a female informant who suffered from her husband's physical abuse was introduced into injecting by her husband's friends who thought it would relieve her pain.

> *My husband was also a drug addict. We lived together for about 6 months. He used to beat me up and it was his friends who gave me drugs for the first time. They felt sorry for me when they saw me in this condition so they gave me drugs to ease the pain. When my husband came*

back, he could see that I was already addicted so we continued shooting up together. ***(F-B, not linked to services, non-experienced IDU)***

The Social Environment

Summary: Individuals present during initiation

IDUs in this study generally injected the first time with a variety of friends and acquaintances. Friends were most frequently mentioned but classmates, business associates, and drug dealers were also some figures reported to be present during the initial initiation of injecting. IDUs interviewed were most commonly initiated into injecting by friends, most of whom were older. Initiation into injecting generally occurred in small groups, with one or two friends, though in a small number of cases an IDU initiated injecting alone.

Older peers

In most of the initiation stories, older peers were present with the new initiate at the time of first injection. These older peers often brought drugs to the new initiate and most had prior experience with injecting. Several of the older peers also had connections to drug dealers.

He was a friend I knew from school, three years older than me. When I started using [injecting heroin], I was spending most of my time with them because they had dealers who you could buy from. ***(F-T, not linked to services, experienced IDU)***

Classmates or close friends

Some IDUs mentioned injecting with childhood friends or classmates from high school or university. Initiation of injecting frequently occurred within these tight knit social groups.

The first time, I tried [injecting] with friends of mine. There were six of us and a friend brought the stuff [heroin]. He told us everything, showed everything. He had some experience in this business. I liked it and then began to use at each meeting with this friend. ***(M-T, linked to service, experienced IDU)***

By themselves

Not every IDU in this study, however, injected with others for the first time. A very small number of informants decided they could begin injecting alone. Of these informants, one was a nurse who already knew how to inject and felt secure enough to do it alone.

…whether you want to [inject] or not, when you need it [heroin], you will learn. It's not rocket science. ***(M-T, linked to service, experienced IDU)***

Location & Spontaneity

No common location or planned time to initiate injecting

Informants did not mention any common location where initiation into injecting takes place. Many of the initiations into injecting seemed spontaneous and no one mentioned planning a time with friends where they would try to inject heroin for the first time. The most common places

listed by informants included others people's apartments, informant's homes, at parties or private homes rented out for the purpose of injecting.

2. Initiating Others into Injecting

Summary: The ethics of initiating others into injecting

One of PSI's objectives in Central Asia is to reduce the number of new IDUs by reducing the instances in which IDUs assist non-injectors to learn how to inject. In order to conduct this work we require a greater understanding of the role that IDUs play in initiating non-IDUs into injecting drugs. Questions about initiating others into injecting brought mixed responses from informants in this study. While some IDUs adamantly denied ever initiating a new injector for fear of committing the "sin" of getting someone addicted to drugs, other informants admitted that they would, or had helped others learn how to inject. This was particularly the case if IDUs were facing withdrawal symptoms since they would be able to obtain some of the dose used by the new initiate. There is some evidence from the interviews to suggest that newer injectors may be less inhibited by ethical issues than experienced injectors and might be more likely to help others learn how to inject. Further research is needed to determine if differences in ethical views related to initiating non-injectors exist between more experienced and less experienced IDUs.

Initiating new injectors is associated with sin for some IDUs

Many informants stated that initiating a new injector was morally wrong and "sinful," while other informants felt that the ethic of "sinning" was a myth. Some IDUs first denied ever initiating a new injector and only revealed later in the interview that they had initiated someone, indicating that initiating others into injecting drugs is a significant ethical issue for IDUs. Some IDUs are clearly embarrassed to admit that they have initiated others into injecting.

> *I never injected anybody with drugs their first time. I was asked to do it but amongst drug addicts, there is a thing. You accrue sin upon your soul if you inject somebody his first time and then he gets hooked. It will be on your conscience.* ***(M-T, linked to services, experienced IDU)***

> *Everybody knows pretty well that if you don't have money and there is someone new with money, you don't really care whether it is his first or tenth time. You will take it [the money] and get a dose from [the drugs he buys in exchange for assistance injecting]. And these talks about committing a sin, it is a myth.* ***(F-B, not linked to services, experienced IDU)***

It is interesting to note that the supposed sin is related to causing someone to become addicted to drugs rather than assisting someone to learn a skill – injecting drugs – that might lead to HIV infection. IDUs seem to be more aware and fearful of the dangers of addiction than the dangers of HIV. A similar finding came out of a recent study of Central Asian youth and HIV, in which it was found that youth are more concerned and aware of the dangers of addiction associated with drug use, rather than the specific danger of HIV infection. This phenomenon could relate to the fact that HIV infection is a long-term problem that could remain hidden for years while addiction presents almost immediate negative effects on a person's life.

Circumstances where it is acceptable to initiate others into injecting

The benefits of helping inject someone else

Although some IDUs reported opposition to initiating new injectors, others admitted to initiating new injectors, particularly if they were in withdrawal. In return for injecting someone else, they received a portion of the drugs as payment. While it was never explicitly stated that they used the same needle, it is likely that needle sharing occurs in some of these instances. If an IDU does not have enough money to procure his own heroin, he may try to offer his injecting services to other IDUs so that he can obtain some heroin. In return for these services, the other IDU must share part of his/her dose. This can happen to new injectors if they do not know how to inject and to experienced injectors if they do not or cannot inject themselves in hard-to-reach places such as the neck or armpit.

> *… if the person comes and says, "Lets get a dose. I will add my money because I don't have enough for my own dose." I think, "why not," especially if I'm in pain. I would agree to get drugs even if he has never tried it before. In this way, I will give him an opportunity to try drugs.* ***(F-T, linked to services, experienced IDU)***

> *… I do not refuse to inject someone if I want to shoot up too. If you prepare the dose for him and give him a hit, you get one [portion of the dose] too. I don't do it for nothing.* ***(M-B, linked to services, non-experienced IDU)***

Assistance to existing injectors

Injecting an existing IDU is considered acceptable if that person has already been injecting for some time. Informants view this as doing a service for their peers, particularly if someone is in withdrawal. Some IDUs, however, still avoid injecting others for fear of injecting too much and causing an overdose.

> *Yes, I would [inject someone] if I knew this person used [drugs] for a long time, and only if he is in heavy withdrawal. If you don't do it [inject], he could have a lethal outcome, like his kidneys could collapse.... Only when I know that there won't be an overdose would I help him."* ***(M-T, linked to services, experienced IDU)***

Other IDUs in this study inject others only when the person needs an injection in hard to reach areas such as the neck or armpit.

> *Yes I have [injected someone] but only when he did not have [easy to reach] veins to do it himself. If he asked me to do it somewhere in the neck or in an armpit I would do it, but only for this reason.* ***(M-T, not linked to services, experienced IDU)***

Encountering "new injectors" is uncommon

The majority of IDUs in this study said that it was unusual for them to be in contact with new injectors because they only associated with older injectors. They are therefore rarely, if ever, asked to initiate new IDUs. While it is possible that few IDUs would readily admit to initiating

new injectors, the claim that older injectors do not encounter newer injectors is consistent with other statements related to shrinking social circles after the onset of injecting.

Two informants with over 10 years of injecting experience expressed distrust of new injectors for fear that they may report them to the police.

> *It does not happen very often [encountering new injectors]. We have our circle of experienced addicts and we don't look for new friends and the young guys will hardly talk with us. And if he does, we'll tell him that we are not drug addicts and not to come to us with such questions. Our group is closed. We don't meet new people now. We only associate with those we are sure of.* ***(M-T, linked to services, experienced IDU)***
>
> *Those who don't use drugs don't have an access [to me], that's for sure - except those people who are close to me like my relatives.* ***(F-T, linked to services, experienced IDU)***
>
> As this informant points out, IDUs, no matter how stigmatized or shut up into closed social groups, will typically still have close contact with relatives. This reality makes young relatives of IDUs – such as brothers, sisters, or cousins – one very important group at high risk of initiating injecting drug use. Non-injecting relatives of IDUs have a much higher level of exposure to the injecting than the general public. They also have much greater opportunity to access drugs and get assistance in learning how to inject if they decide to experiment with drugs.

Newer injectors may be more likely to initiate others

Responses from some long time injectors suggests that more experienced IDUs may be less likely to initiate new injectors, for three main reasons. First, the older injectors may hold to an ethnic that it is a sin to initiate others into injecting. Second, their smaller social circles and distrust of outsiders limit opportunities to meet non injectors. Third, they have wider experiences with the negative effects of injecting and may, as explained in the quotation below, have greater hesitation to subject others to those harms. Further research is needed to explore differences between more experienced injectors and new injectors regarding ethical views, and actual behavior, regarding initiating others to injecting drugs.

> *I don't know how it is with those who have just started using drugs. They probably start together as a group and they give each other their first hits. But among those who have long record [of injecting], they will hardly help anyone with the first hit. Those who are experienced drug addicts will never give the first hit to a person who has never tried it because he himself went through a lot and knows how hard it is to live with [addiction].* ***(F-T, linked to services, experienced IDU)***

Profile of a new initiate

When asked to describe new injectors and their reasons for initiating injecting, informants provided a variety of answers. Many informants felt new injectors could be male or female, although they are more likely to be male. Their ages could range from 15-25 although one IDU had witnessed an eleven year old injecting herself. New injectors could have any occupation but they came mostly from wealthy families. Many informants felt that young injectors would initiate injecting out of curiosity or a desire to stay tight with their friends; while a few informants

thought new initiates turn to drugs to escape from family problems. Significantly, only a few informants reported peer pressure as a significant factor in pushing youth to initiate injecting drug use.

> *They wanted to experience something new after watching too many films. They probably had way too much money. You know this pleasure costs a lot even though there are few among us who come from poor families. But in general, they are children from wealthy families.* ***(M-B, linked to services, non-experienced IDU)***

The above descriptions of new IDUs could also represent older informants' experiences projected onto new IDUs, possibly because informants with a long history of injecting have been asked to speculate about a group of injectors that they have little contact with.

3. Injecting Practices

Summary: risky behaviors

IDUs interviewed in this research study reported injecting heroin due to previously mentioned factors such as easy access to the drug, availability of disposable income, and the fact that injecting is cheaper and provides greater euphoria than other methods of taking heroin. The major difference between new injectors and experienced injectors appears to be the size of their social networks. At initiation, many informants mentioned injecting in large groups of friends, some of whom were non-injectors, but as addiction sets in, most IDU report socializing only with a few other injectors or injecting alone. There is some difference regarding where experienced male and female IDUs prefer to inject. While males choose a wider range of locations based on convenience, females largely choose to inject at home for safety and anonymity.

Injecting partners

While some IDUs interviewed say that their social circles still change, many more IDUs socialize in small, tight-knit groups that are closed to strangers. These circles are comprised only of other injectors, many of whom they have been injecting with for years. Fear of "set-ups" by other injectors working for the police, distrust of strangers, and a desire to inject the entire dose without having to share are all factors that motivate experienced injectors to limit their circle of acquaintances. Injecting appears to devolve from a social, bonding event with friends to a functional, biological need to avoid withdrawal symptoms that can be done with a few known friends, or alone, but rarely with acquaintances or strangers.

Limited social networks

Injectors who have been injecting for more than 1 year report smaller social networks, mainly limited to other injectors. In the first quote below, the informant recalls giving money to her friend to buy a dose of heroin, but the friend returns without the dose and claims that he was caught by the police. She consequently limits her social circle to the few friends she feels she can still trust.

> *…I stopped trusting anyone with my belongings; I just don't trust them anymore. That is why we usually don't let a stranger into our circle; let it be as narrow as possible to avoid loosing the last friends we have.... So if we want to shoot up, we usually buy it [heroin] together and*

then we return home, lock ourselves up, and get down to business. ***(F-T, linked to services, experienced IDU)***

I seldom use heroin in an unfamiliar group. It practically never happens because I don't trust anybody in this life. I trust only those people whom I have already tested with time. I trust my dealers completely. ***(M-T, linked to services, experienced IDU)***

One exception to this rule is when an IDU is facing withdrawal. In that situation, some IDUs will risk injecting in front of strangers.

The only reason why I would go to an unfamiliar group is because I am in withdrawal or have an uncontrollable desire to use heroin. In all my history, over 7 years, it happened only 5 times because I had the people checked out [to ensure they were not working for the police]. I frequently used with the same group of people. In the last two years, [I have been injecting] alone. ***(M-T, linked to services, experienced IDU)***

Many prefer to inject alone

As mentioned previously, there are a few reasons why two or more IDUs may share one dose of heroin. First, if IDUs do not have enough money to purchase their own dose, they might invite others to pool resources to buy heroin. Second, if an IDU does not have any money and is desperate for an injection, s/he may be able to persuade other IDUs to give up a portion of his/her dose. As a result, many experienced injectors prefer to inject alone rather than run the risk of having to share their dose with another injector.

Well you know drugs mean loneliness. Only at the beginning do you have friends. But because it is so expensive, you don't feel like sharing anymore, and there is no money to share anyway. ***(F-B, linked to services, experienced IDU)***

Different injecting locations for male and female IDUs

Experienced male informants in this research study did not list a consistent place for injecting. The majority of male IDUs will inject anywhere as long as the location is convenient and offers some privacy. Locations for these male IDUs include staircases and alleys, empty apartments, in cars, and at drug dealers' shops.

Circumstances can be different. You use drugs on the staircase. You can go to any house and do your business. It can happen in the streets, at home, you use in any place where you feel the urge. When you are sick, you don't see anything around you. Of course I try to be discreet. ***(M-T, not linked to services, experienced IDU)***

Most female IDUs, however, were likely to inject at home for safety and anonymity and more experienced female informants were likely to inject exclusively at home.

I try to do it at home. I always have disposable syringes there. No matter how ill I am, I try not to share my drugs with others, and also I do not invite others to my flat. I go and buy a dose, come back home, and shoot up without anyone disturbing me. ***(F-T, linked to services, experienced IDU)***

4. Access to Sterile Injecting Equipment

Summary: Access to injecting equipment

The majority of informants in this study listed drugstores and pharmacies as primary outlets for procuring needles. IDUs linked to services, however, were just as likely to obtain needles from needle exchange programs. Other sources of needles include drug dealers and shooting galleries.

Pharmacies and drug stores

Among informants, drug stores and pharmacies were the most frequently listed outlets for obtaining needles. IDUs not linked to services were more likely to name pharmacies and drug stores as their primary source for clean injecting equipment, though many IDUs linked to services still procured needles from pharmacies.

> *I usually get them in a drug store. If they don't have them there then I get them from an outreach worker.* ***(F-T, linked to services, experienced IDU)***

While IDUs regularly purchase needles and syringes at pharmacies, IDUs did express certain apprehension to do so for fear of being identified as an injecting drug user.

> *And how did you feel when you went to the pharmacy?* ***(Moderator)***
>
> *Well, constantly, feeling uncomfortable.* ***(M-T, linked to services, experienced IDU)***
>
> *And were there such moments when you did not want to buy syringes in pharmacies?* ***(Moderator)***
>
> *Well, … the pharmacist could find out who you are and, even if he didn't know . . . he might be able to tell. Therefore, generally I tried to send somebody else [to buy my equipment in pharmacies].* ***(M-T, linked to service, experienced IDU)***
>
> *[If I had enough money] I would buy syringes, demedrol, and also other medicines. If I didn't have enough money, I would buy syringes and demedrol, and explain that I need it for anesthetic injection for myself****(M-T, linked to service, experienced IDU).***

IDUs often by syringes and Demedrol together, marking them as IDUs. This IDU is explaining that he also purchased other medicines in order to avoid being identified as an IDU, showing that IDUs do have significant fear of being identified as IDUs by pharmacists.

Dealers provide needles

Some IDUs interviewed indicated that needles were provided by their dealers who included the cost of a needle in the price of the drug. Although it is unclear whether needles provided by drug dealers are new, the IDU below believes that she was given a new one each time.

> *At present we are going to Yangiyul for drugs. There they give you give you Benadril pills and one syringe together with the heroin. It is all included in the price so that's why we don't have problems with that [lack of new injecting equipment].* ***(F-T, linked to service, experienced IDU)***

In one instance, an IDU recalled being provided a needle and yet was not allowed to leave the shooting gallery to inject.

> *I used to go to yama [i.e. shooting galleries] and they would not let you take the drug out. You had to inject there and they had their own syringes. I did not know that I could get infected.* ***(M-B, linked to service, non-experienced IDU)***

One informant was given needles by his drug dealer and would also share needles with his dealer, if necessary.

> *I shared equipment in cases when my dealer didn't bring me syringes. He almost always has syringes for me. Well, there were cases when he had no syringes. In those instances, I injected with him and only with him, nobody else.* ***(M-T, linked to service, experienced IDU)***

IDUs linked to services may have better access to sterile injecting equipment

In general, IDUs linked to services identify fewer barriers to accessing needles than IDUs not linked to services. Many IDUs who know about the needle exchange programs no longer choose to buy their needles, preferring to turn in old needles for new ones.

> *Moderator: "How much do you pay for a syringe?"*
>
> *Informant: "I don't buy syringes. The volunteer brings them to me."*
>
> *Moderator: "So you use only those syringes?"*
>
> *Informant: "Yes, he brings them once a week, about 15-20 syringes. It is enough for me."* ***(F-T, linked to service, experienced IDU)***

> *I usually get [needles] in a drug store. If they don't have them there, then I get them from [an outreach worker]. I don't have to go very far for them.* ***(F-T, linked to service, experienced IDU)***

One IDU not linked to services describes not having enough money to get to the drugstore, which could mean that, for some IDUs, long distances to drugstores or needle exchange points may be one significant barrier to using clean needles and not sharing injecting equipment.

> *…it's just like I said, there are moments when everything is sort of there and you have money to buy yourself a syringe. Or the drugstore is far away and you can't bear to take the time to go and buy a needle. There are some times when you have money [for a needle] and don't have money to get there [i.e. pharmacy].* ***(M-T, not linked, experienced IDU)***

Cost of injecting equipment

Informants listed a range of prices for needles and syringes, with needles used for insulin injections being the most expensive. While some informants cite consistent prices for needles, others mention varying prices depending on location of the outlet, time of day of purchase, and whether the pharmacy was public or privately-owned. The difference between the most expensive and cheapest needles is about USD $0.06, with the cheapest needle costing USD $0.04 and the most expensive costing USD $0.10.

Usually I use my own syringe; I open it up myself. Syringes are quite available in general. You can get them at any drug store and one syringe costs about 50 sum (USD $0.04). ***(F-T, not linked to service, experienced IDU)***

[It costs] fifty or seventy-five sum [USD$ 0.04 - 0.06] depending on the drugstore, there are private ones and state-owned ones. ***(M-T, not linked to service, experienced IDU)***

I used to pay 120 sum [USD $0.10] for a syringe. It is more expensive at nights. ***(F-T, not linked, experienced IDU)***

These prices may seem very low or even insignificant. But comments from IDU informants show that they are highly sensitive to small variations in price. For example, they are well aware that prices increase slightly at night. This illustrates that price may be one barrier to accessing and using sterile syringes in some situations. In other words, the expense of purchasing a new needle and syringe for each injection is likely to be one significant reason why IDUs share injecting equipment.

5. Motivations for Sharing Injecting Equipment and Key Barriers for IDUs in Adopting Safer Injecting Behavior to Reduce HIV Infection Risk

Summary: motivations and key barriers

Although most IDUs interviewed prefer to inject with clean equipment each time, circumstances leading to needle sharing can frequently arise. Primary reasons cited for sharing include: overwhelming withdrawal symptoms leading to unwillingness to delay injecting even in the absence of sterile equipment; insufficient funds to buy new needles; and sharing equipment because some IDUs trust that their friends are not infected with HIV.

There is some evidence that needle sharing occurs during initiation into injecting when experienced injectors inject new initiates with the same needle they use. In addition, a few informants described a payment system in which one injector must share part of his/her dose if another injector assists him/her with the injection. This system of payment provides injectors who are unable to afford their own drugs with incentive to share needles with others.

Among couples where both partners inject, there is some evidence of needle sharing although the motivations were not explored in the majority of interviews. Significantly, most informants, including those who use their own needles, do not feel that sharing equipment other than needles and syringes– such as cotton, bowls, spoons, and water – poses a risk for spreading disease. This reveals a lack of awareness regarding HIV transmission and low risk perception regarding sharing injecting equipment. Sharing these other pieces of injecting equipment was very common among informants, revealing extremely high levels of risk for HIV and other blood-borne diseases such as hepatitis. IDUs linked to services may face fewer barriers to adopting behaviors to reduce HIV risk as they have greater access to new injecting equipment, educational materials and information from outreach workers, as well as social support to promote their adopting and sustaining more healthy behaviors.

Attitude: Preventing withdrawal symptoms is more important than preventing HIV

Most study participants reported that preventing withdrawal symptoms was their primary reason for sharing needles. The overwhelming physiological effects of addiction to heroin drive them to accept greater risks in order to reduce the suffering that accompanies withdrawal. Most IDUs mentioned the risk of acquiring HIV/AIDS when sharing needles, but few mentioned knowing about the risks of acquiring hepatitis. Many informants reported having hepatitis and a few informants reported being HIV positive.

> *I did it [sharing needles] many times. I shot up with the same syringe with a few people. At the beginning, everyone was using new syringes, but then the moment comes when you start feeling pain from withdrawal. In the end, you use one syringe with everyone. You always comfort yourself with the thought that you know these guys and nothing bad can happen to you. We were only afraid of AIDS. We did not know anything about hepatitis or other unknown infections. Because of this ignorance I now have hepatitis.* ***(M-B, linked to services, experienced IDU)***

The need to inject quickly to avoid the police

Most IDUs fear being caught by authorities when they inject. A substantial number of informants had been imprisoned for drug charges. Consequently, many IDUs reported the need to inject as quickly as possible and dispose of their equipment before being caught injecting or carrying needles.

> *And this [injecting] happens really quickly because I am afraid someone will see me. This is why I have to be really fast. I don't have time to ask for a new syringe, no time for sterilizing all the equipment; I don't even have time to wash it thoroughly.* ***(F-T, linked to services, experienced IDU)***

Ease of mixing heroin

The need to inject quickly in some circumstances is facilitated by the ease with which heroin can be mixed and injected. The preparation process for opium and hanka can be more complicated than with heroin. Now that heroin is more commonly used, IDUs can inject in a wider range of locations because of the simpler preparation process.

> *When I used hanka, it was harder for me, because, as you know, it needs to be prepared in the kitchen. I used to lock myself up and cook it in the kitchen, when I was home alone. Nowadays it is easier, heroin is easier then hanka; you just go to the toilet or to the bathroom and lock yourself up there and shoot up. So nobody could see you there.* ***(F-T, linked to services, experienced IDU)***

> *With heroin it's easier now. Before you would find hanka and then you would have to look for hydride* [lemon acid used in making hanka]. *Now it's heroin and there are no problems like these. You buy, mix it up, inject, and leave.* ***(M-T, linked to services, experienced IDU)***

Access: extra cost of needles

When compared to the price of heroin, the extra cost of clean needles may seem small. One dose of heroin can cost up to the equivalent of several dollars compared to just five or ten cents for a needle and syringe. However, some informants who share needles reported choosing to spend all the money for heroin and forgo clean needles.

> *At moments like that [when you are suffering from withdrawal] you don't even think of saving money for food. When you buy heroin you know that it is easier to get a syringe than heroin. You would give your last penny, even if you have to walk home, because you won't think of putting some money aside to pay for transportation. Heroin is your first priority at moments like that.* ***(F-T, linked to services, experienced IDU)***

Pooling money for one dose of heroin

Often, IDUs will have to pool their money together in order to afford one dose of heroin. Although needle sharing is not always mentioned in these cases, it is more likely to occur when IDUs do not have enough money for individual injections and drugs are bought by a group.

> *Everyone goes through this; if you have drugs then you have to share it. You see, at times you share your money, at other times you share your dose. It is a natural process. And so we shoot up together and share the dose.* ***(F-T, not linked to services, experienced IDU)***

Access: outlets selling needles are closed or are too far away

Some informants alluded to distance and time from sites where injecting equipment can be gotten as a barrier to using sterile injecting equipment each time. Lack of access to outlets selling needles, particularly at night, was a barrier for some IDUs interviewed. Although two informants mentioned 24-hour drug stores, no one commented on whether services there were friendly or if the sites were easily accessible. In fact, IDUs in this survey were not asked to discuss whether or not pharmacist provides sufficiently friendly services to make IDUs comfortable. As reported below, however, IDUs often feel uncomfortable entering pharmacies to purchase equipment in the first place, for fear of arrest.

> *… for example if you shoot up at night and drugstores are closed, you don't have anywhere to go for a syringe. And of course you will use whatever you have at hand. That's why IDUs use the same syringe. Sometimes IDUs just find syringes [at the injecting site], clean them, and use them again.* ***(F-T, not linked to services, experienced IDU)***

While a few informants mentioned living near outlets for needles, others mentioned distance to pharmacies or needle exchange points as a barrier to consistently using sterile injecting equipment.

> *Sometimes it happens that the dose is already on hand but the drugstore is far away. It's too far to go and you inject with whatever you have and so do others after you.* ***(M-T, not linked, experienced IDU)***

Belief: fear of "set-ups" at pharmacies

Although pharmacies and drug stores were the most frequently cited outlets for accessing needles, many informants also mentioned fear of going to pharmacies because they may be caught or "set-up" by the police who patrol pharmacies looking for IDUs. Mistrust and fear are,

thus, one of the key barriers preventing IDUs from obtaining injecting equipment from pharmacies.

> *If we take our district, our brave police usually know the location of the dealers around the drugstores. [IDUs] are often picked up around drugstores. If a car stops and a guy runs into the drugstore and exits with a syringe, the car will be stopped and searched. That's why I try to buy syringes in different drugstores. I practically never go to the same one twice. (**M-T, linked to services, experienced IDU**)*

Belief: sharing injecting equipment between trusted friends is OK

In general, most IDUs avoid sharing injecting equipment with acquaintances or strangers. In the company of close friends, however, a few IDUs indicated that they share equipment because they trust that their injecting friends were not infected with HIV. Although some IDUs believed their friends were HIV negative, some IDUs interviewed were in fact infected with HIV but continued to share injecting equipment with friends.

> *They will use one syringe anyway because they are friends and they trust each other…I trusted people and they trusted me. They know me well, I am their close friend. **(F-T, linked to service, experienced IDU)***

The friends of the IDU quoted below still share injecting equipment with her, perhaps unaware that she is HIV positive.

> *At present I try to use my own equipment. If I do together with someone, then it must be the person I know very well, my close friends. If I don't know the person then I will not let myself use the same equipment with him. You know I was really doing that in the past, and now I have HIV. **(F-T, linked to services, experienced IDU)***

For some IDUs, the fear of losing the dose prevents them from leaving the injecting site to procure injecting equipment. The following informant reveals why he will procure a clean needle if he is alone, but why when injecting in a group he will not dare leave the shooting gallery for fear of losing the drugs.

> *I frequently share because I have no time to find a new syringe. And even if there's nothing [no clean needles] no one will go to the drugstore because, firstly, it's dangerous and, secondly, there were cases when you go to the drugstore and (another injector) leaves with the drugs while you're away. If I am alone I go to the drugstore and buy needles there. If I am with company then no one goes [to the drugstore]. **(M-T, not linked to services, experienced IDU)***

Belief: sharing injecting equipment among sex partners is okay

A few informants reported sharing needles with their sex partners. This was particularly the case with female informants married to another injector. Several female IDUs reported that they will share needles with their sex partners but only if they inject first.

> *My husband could use syringes after me, but I could not do that. My husband used to say that we are a couple and if I get an infection then he would get it too. But I just can not do it [use the syringe after him]. **(F-T, not linked to services, experienced IDU)***

In the example below, the female informant shared a needle with her sexual partner for financial reasons but she was also the first to inject.

> *Of course that [sharing injecting equipment] happened. I did it with the person I love. I used the same syringe with him. We spent all our money on heroin and had enough money left for only one syringe, so we both used it. I was the first one to shoot up and then I passed the syringe to him and then he shot up with my syringe.* ***(F-T, not linked to services, experienced IDU)***

Another female informant shares with her husband because they are both HIV positive.

> *I share it only with my husband. Both of us are infected and both of us are addicted to that stuff [heroin]. We need only one baltichka [slang for syringe]....* ***(F-T, linked to services, experienced IDU)***

Belief: water is sufficient to clean needles

Most of the IDU informants believe that using boiled water is sufficient for cleaning used needles and syringes. Cleaning allows IDUs to reuse one needle among several injectors if they cannot afford their own needle, and cleaning also takes less time than procuring a new needle.

> *Sometimes you feel such weakness [from withdrawal] that you start with one syringe and wash it out well. You wash with boiling water…. If you simply wash it [the syringe] out, you can inject after him or he after you.* ***(M-T, not linked to services, experienced IDU)***

> *I always tried to be the first one to shoot up and then I could watch others shooting up. They would wash the syringe first with cold water and then with hot water. Then they took the drug from the piala [small bowls] and shot up.* ***(F-T, not linked to services, experienced IDU)***

Belief: sharing other drug equipment is not as risky as sharing syringes and needles

Although most IDUs interviewed associated sharing needles and syringes with a high risk of HIV transmission, very few informants associated sharing other injecting equipment, such as water, spoons, bowls and filters, with risk of HIV transmission. Among IDUs interviewed, sharing this kind of equipment is common.

> *We share cups but our syringes are always new. I always inject with my own syringe. We share cups or a spoon. Sometimes there is plastic wrapping from a syringe and you dilute [heroin] right there.* ***(M-T, linked to services, experienced IDU)***

In the example below, an IDU and her friends used new needles but all shared the same syringe.

> *We have one syringe that we use within our company; we only change needles to shoot up.* ***(F-B, not linked to services, non-experienced IDU)***

Another practice among these informants is "backloading" or "frontloading", i.e. placing one dose of heroin into another needle either by injecting from one needle into the barrel of another syringe ("backloading") or pulling the drug into a new syringe through the needle ("frontloading").

When we need to divide a dose, we take one syringe and use it to apportion the drug into the other syringes. Everything is done from one utensil. ***(M-T, linked to services, experienced IDU)***

The quality of heroin varies depending on how many other substances are added to it before it is sold. If the heroin has been mixed with a lot of other substances, IDUs have to filter out large particles before they can inject. During filtration, a bit of heroin gets lost in the filter. Thus, to avoid losing drugs from using multiple filters, some IDUs will dissolve the entire dose in one needle using one filter before dividing it; others use one filter for convenience. The following informant explains that using one filter will decrease the amount of drugs that stick to the cotton ball during filtering, but does not mention the risk of HIV or hepatitis transmission associated with such practices.

When we [inject] together we usually we make trays from the syringe package in cellophane. Then we use one cotton ball to filter so that less stuff [heroin] will stick to the cotton ball. Then it is convenient to divide the dose from one syringe to other syringes. ***(M-T, are not linked to services, experienced IDU)***

Attitude: insufficient motivation to buy needles

Many IDUs in this study cite lack of sufficient motivation during times of dope sickness as a reason why they share needles. Although many IDUs interviewed try to inject with clean injecting equipment each time, when "agonies" or withdrawal symptoms set in, the power of the withdrawal symptoms deter them from traveling inconvenient distances to get sterile equipment. This is particularly the case if IDUs have secured heroin but have not yet procured new injecting equipment.

You feel too lazy to go to the drug store, especially when you are in pain from withdrawal. Or you may not have that trifling five cents for the syringe. It can happen that you have everything for shooting up; you have drugs, but no money and just one syringe for two people. Well then of course you clean [the needle] with boiled water and then share the same syringe. ***(F-T, not linked to service, experienced IDU)***

If they [IDUs] have money then it means they are just lazy and want to shoot up as soon as possible. If they are having dope sickness, they will be too lazy to go downstairs and get to the nearest drugstore. Or it might be too long for them to wait for someone for half an hour if they are in pain. Some of them simply don't have money for a syringe. ***(F-T, not linked to services, experienced IDU)***

Access: IDUs linked to services may be less likely to share needles

In general, IDUs linked to services often mention using clean needles and having greater access to sterile needles through needle exchange services. IDUs linked to services may be more likely to adopt behaviors less likely to transmit HIV practices if barriers such as access and affordability are reduced, and if being attached to a service increases their awareness regarding how to avoid risky behaviors likely to transmit HIV.

I used to do it [share equipment] very often in the past, because there was very little information about AIDS. I used to use the same syringe with others. Nowadays I prefer to use

my own stuff. I also know a person who works at Trust Point [needle exchange] and he brings me syringes and takes away the used syringes. ***(F-T, linked to services, experienced IDU)***

Part IV. Recommendations for Programming[4]

As stated in the introduction, the purpose of this study with IDUs in Uzbekistan and Kyrgyzstan was to obtain actionable insights into injecting behaviors and practices of IDUs. Information was gathered on personal drug use histories, factors influencing initiation into injecting drug use, key motivations for sharing needles and other injecting equipment, and IDU attitudes regarding access to injecting equipment.

The report will assist programs to determine key barriers to helping IDUs adopt safer behaviors to avoid contracting and spreading HIV and to assist with programs attempting to reduce the number of youth who begin to use and inject drugs. In this section, the authors present some key recommendations for such programs arising out of findings from this study.

Recommendations for Programs Targeting IDUs

- **Reduce sharing of contaminated injecting equipment through purchase of injecting equipment ahead of time:** Aware of the problem that IDUs, when dope sick, are less likely to go somewhere to get their own injecting equipment, IDUs should be encouraged to procure clean injecting equipment at their homes or places where they inject prior to procuring drugs.

- **Reduce sharing of contaminated injecting equipment by improving access to clean needles at shooting galleries:** Programs should work to improve access to sterile injecting equipment at sites where needle sharing is likely to happen or where needle shortages are likely to occur, such as shooting galleries. IDUs in this study cited several factors that increase the likelihood of sharing contaminated needles, such as pressure to inject at the shooting gallery, rather than carry injecting equipment on the streets or receiving injecting equipment from dealers as part of the purchase price of the drug.

- **Reduce sharing of contaminated injecting equipment by improving access to equipment through pharmacies sector:** To reduce sharing of needles containing HIV infected blood, access to sterile injecting equipment should be expanded. In order to deal with the issue of convenience of access identified in this study, IDUs could be motivated to access injecting equipment in sites, such as pharmacies, conveniently located in their communities.

4 These programmatic recommendations are those of the authors and do not necessarily reflect the opinions of the donor who funded the study. The recommendations include interventions such as provision of sterile injecting equipment to IDUs which can not be supported with funding from USAID.

- **Reduce sharing of needles / syringes by reducing financial barriers to injecting equipment:** Many IDUs reported cost as one significant factor preventing them from purchasing their own injecting equipment and resulting in sharing of equipment. Voucher schemes that offer free or reduced-cost products should be used to reduce costs and attract IDUs to services. Voucher programs could work particularly well with certain sub-groups of IDUs who need an added incentive to link-up with existing services.

- **Reduce police entrapment of IDUs by increasing the number of IDU programs and pharmacies willing to provide services to IDUs:** Increasing the number of IDU programs and pharmacies that IDUs visit would decrease the likelihood of the police being able to entrap IDUs at pharmacies or other outlets because there would be too many outlets to target.

- **Reduce isolation of IDUs by increasing IDU access to health services at pharmacies:** Programs should work to increase the number of pharmacies willing to provide health services to IDUs in a friendly way. IDUs report limited social networks and are often isolated from their families and other IDUs. Programs should work to re-integrate IDUs back into the community by making pharmacies more friendly to IDUs. This would help to reverse the process of isolation by linking IDUs with places where they could access health care services and products or simply have contact with a health care professional.

- **Improve outreach worker/police relations.** Many IDUs do not access new injecting equipment at pharmacies for fear of entrapment by the police. Programs should work with police to help them understand the importance of not preventing IDUs from accessing health services and the public health reasons for doing so, including preventing an epidemic of HIV.

- **Increase IDUs trust of pharmacies through branding**: Branding certain pharmacies as friendly to IDUs and affordable outlets for clean needles would reduce a significant barrier for IDUs to obtaining a range of products and services. Programs could especially target pharmacies in neighborhoods with high concentrations of IDUs where HIV prevention services do not exist. Twenty-four hour pharmacies could be especially targeted to ensure IDUs have round-the-clock access. Programs could develop simple criteria by which participating pharmacies would be judged based on their ability to consistently provide high quality, low costs products and services in a friendly manner to IDUs.

- **Improve IDUs' usage of existing HIV prevention services:** Where services already exist for IDUs, programs should ensure that IDUs have access to the full range of those services. Programs should be evaluated from both the supply and demand side. The present research shows that some IDUs (i.e. new IDUs, young IDUs, occasional or recreational IDUs, and/or female IDUs) may not be comfortable accessing existing services, such as government run HIV prevention programs or needle exchange programs. In such cases, services should be reviewed and improved.

- **Increase awareness of the risks of sharing injecting equipment other than needles and syringes.** Although IDUs are aware of the risks of sharing needles and syringes, they often do not associate the same risks with sharing other injecting

equipment. Almost all IDUs are concerned about HIV but most do not know that sharing injecting equipment also poses a risk of hepatitis infection. Programs should ensure that IDUs are aware that sharing other injecting equipment carries a high risk of HIV and hepatitis transmission.

- **Focus on educating youth and IDUs about risk of HIV infection in addition to risk of addiction:** IDUs and youth are more aware of the risks of addiction associated with heroin use than they are aware of the risk of HIV infection from sharing needles. Programs should educate youth and IDUs that HIV infection, in addition to addiction, is a key risk associated with heroin injecting.

- **Advocate for more humane treatment of IDUs:** The reasons why IDUs share injecting equipment are many and various, but paramount among them are the persistent stigmatization and legal restrictions imposed upon people addicted to heroin that drive IDUs underground and make them more difficult to access by programs attempting to serve their needs. Programs should continue to advocate for changes in the national and local legal frameworks that will make IDUs more willing to seek help from existing services on the ground without fear of arrest or harassment.

Recommendations for Programs Targeting Youth

- **Expansion of in-school programs to educate youth about the real risks and consequences of heroin use and injecting.** Most IDUs in this study do not fit the stereotypical profile of "high-risk" individuals from the lower rungs of society who end up using heroin and injecting drugs. Thus, drug demand reduction programs should target all youth in communities where heroin is available and where injecting drug use is common, regardless of social class.

- **Increase youth awareness of the addictiveness of heroin:** Some informants in this study revealed that they were comfortable experimenting with heroin without fear of addiction because they had experimented with marijuana without experiencing the addiction that they had been warned about by individuals or anti-drug programs. This illustrates the harm that inaccurate information about the harms and effects of drugs can have, even to the point of increasing the risk that youth will experiment with drugs such as heroin. In-school, peer-driven education programs should provide young people in high risk communities with accurate information about drugs and their effects and potential harms.

- **Develop youth and IDU critical thinking skills:** The first injection is often a spontaneous event, not planned ahead of time.. Programs should increase the ability of youth to think clearly and know how to act in order to protect their health even during spontaneous situations when an opportunity to inject might unexpectedly present itself.

- **Develop IDU skills to deal with pressure to assist with injecting:** First time injectors usually have an IDU helping them to inject. Programs should build up IDUs' skills on how to refuse requests from non injectors to assist with the first injection.

- **Equip IDUs with negotiation skills**: IDUs should be trained in negotiation skills so that they are able to refuse requests from risk-seeking youth who pressure IDUs into showing them how to inject. Programs should particularly target newer injectors with such messages because new or young injectors might have more contact with pre-injectors and thus more opportunities to assist others to learn how to inject.

- **Develop programs specifically focused on women:** Women with injecting partners are a high risk group for initiation of injecting. Programs should offer such women referrals to services that can educate them about the risks of injecting, build their skills on how to avoid initiation of injecting, as well as assist them with the real life problems, such as domestic violence, which might increase their chance of starting to use drugs.

- **Programs should be targeted to families:** IDUs report feeling isolated from community and family members, especially long-term IDUs. Improved counseling and support is needed to educate families on the nature of addiction. Family members who are better educated about heroin addiction may be more likely to help keep IDUs integrated into family, community, and health care networks. This will help IDUs to maintain access to the help they need to remain uninfected by HIV and hepatitis during their period of drug use or addiction. It may also help facilitate access to treatment and rehabilitation services when IDUs are ready to cease drug use.

- **Programs should address dangerous misconceptions about trust among IDUs that could increase chance of HIV infection:** Programs should challenge the common belief among IDUs that sharing needles among trusted friends is okay. Programs should ensure that IDUs know that HIV infection is asymptomatic and needles should not be shared with anyone, regardless of trust or previous acquaintance. Related to this issue, programs should address the sharing of needles among sex partners, which seems to be common and is likely associated with the trust issue.

- **Program should increase IDUs' awareness regarding cleaning of injecting equipment:** Some IDUs believe that water is sufficient to clean needles, and that sharing drug solutions and equipment other than needles and syringes is not risky for HIV infection. Programs should specifically address these misconceptions, moving beyond general warnings regarding the risks of sharing needles and syringes.

- **Programs should attempt to change youth norms regarding drug experimentation:** Drug demand reduction programs targeting youth, especially among males, should address youth norms around experimentation with heroin and challenge the notion that it is cool and adventurous to use heroin.

Part V: Issues to Explore in Subsequent Research

This research study provided significant insight into injecting initiation, motivations for sharing needles and other injecting equipment, and barriers to adopting safer injecting practices for IDUs in Uzbekistan and Kyrgyzstan. However, there is a need for further research, especially qualitative research with new injectors, to understand the factors influencing new injectors' decisions to initiate injecting and to explore attitudes and beliefs of new IDUs in initiating non-injectors into injecting.

Subsequent quantitative studies for PSI/Central Asia should explore the following:

- group norms around experimentation with heroin;
- caution related to police and pharmacies targeted by police ;
- the belief that known injecting partners can be trusted to be free from HIV;
- attitudes about the "hassle" of procuring new needles;
- knowledge about the risk of sharing equipment other than needles and syringes;
- external site of control in an individual's life due to addiction and the inability to procure new needles when desperate.